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### **Policy Directive:**

#### I. Pre-Placement Physical Examinations

A. All new employees, contract workers, and volunteers (working 10 hours or more per week) must have an assessment by a nurse practitioner, physician's assistant or physician prior to employment placement. This assessment must determine the potential employee to be:

- 1) capable of and physically fit to perform the job for which he/she is to be hired;
- 2) free of obvious communicable disease.

The assessment must include a Tuberculin skin test by the intradermal (Mantoux) method using 5 tuberculin units (TU) of purified protein derivative (PPD), unless a previously positive reaction can be documented. New employees shall receive a second TB skin test 1 to 3 weeks after the first if results of the first one are 0-9mm (Two-Step Tuberculin Skin test in accordance with Guidelines for Screening of Tuberculosis 603-06-PD). If a new employee has (1) a reaction of 10mm or more to the PPD or (2) a documented history of a positive PPD or (3) if previously diagnosed and/or treated for TB, a chest x-ray with appropriate reading shall be given and followed-up on as required, unless one can be documented within 30 days prior to employment. Follow-up is to be done by the potential employee's private physician or the Health Department. A person who refuses to follow-up on a positive skin test within 5 working days can be suspended without pay.

B. The pre-placement physical and TB testing will be provided free of charge at the regional centers or a current physical and TB test/chest x-ray report, etc. (within 30 days prior to employment) may be done by the potential employee's personal physician and furnished to the appropriate regional staff.

C. Employees or volunteers who have a history of tuberculosis disease shall be required to have certification by a licensed physician that they are not contagious.

## II. Annual Requirements

A. All employees, contract workers and volunteers (working 10 hours or more per week) will have an annual TB test unless there is a history of a documented positive test. Those with documented positive TB tests will be required to have a report of a negative chest film on file at the regional center.

B. All employees/volunteers with positive TB reactions shall be informed of their lifelong risk and evaluated for signs and symptoms of TB, e.g., cough, fatigue, weight loss, night sweats or fever. They will also be instructed in the procedure to follow if such signs or symptoms appear.

## III. Emergency Care

A. Emergency care for acute illness and acute non-work related injuries may be provided to employees by Regional Center medical employees, followed by referral to private physicians and or hospitals.

B. With injuries, etc. qualifying as potential Workman's Compensation cases, necessary emergency care will be provided, as is available, followed by the necessary referrals.

C. Departmental Directive 603-05-DD will be followed for any employee who has a blood exposure.

## IV. Infection Control Guidelines

A. Hepatitis B serology testing, if necessary, may be offered at no cost to the employees to help them decide whether or not to receive HBV vaccination. Hepatitis B vaccine shall be offered without cost to all employees.

a. Six to eight weeks after completion of the Hepatitis B vaccine series, the employee will be offered Hepatitis B serology testing to see if Hepatitis B antibodies are present.

b. If the person is sero-negative for hepatitis B antibodies after completion of the initial Hepatitis B vaccine series, the entire series should be offered again to the person. If the person refuses the second HBV series they will be considered a non-responder. If the person accepts the second HBV series, they should have Hepatitis B serology for antibodies repeated six to eight weeks after the last dose to determine antibody status. If the person's Hepatitis B antibody status remains negative, they will be considered a non-responder and no other HBV series will be given.

B. No person infected with or a carrier of a communicable disease which may be transmitted in the work place, or having uncovered boils or infected skin lesions, or an acute respiratory infection accompanied by an elevated temperature shall work in any area in which contact with individuals may occur.

## V. Health File

A. A confidential health file will be kept on all employees for the duration of employment plus 30 years. Access to/distribution of this information will be conducted in full compliance with appropriate state and federal law (to include HIPAA).

B. The medical records of employees of DDSN who have worked for less than (1) year, need not be retained beyond the term of employment if they are provided to the employee upon the termination of employment.

C. Employee Health records concerning an incident of exposure to bloodborne pathogens shall be maintained in a confidential file separate from other employee health records. They shall be maintained for the duration of employment plus 30 years

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**References:** (To view attachments, go to the "Attachments to Directives" link on the Directives page)

- | A) 603-05-DD - Policy for Management of Employee Exposure to Blood, Bloody Body Fluid or Body Fluids Designated As Infectious
- B) 603-06-DD - Guidelines for Screening For Tuberculosis
- C) SCDDSN Infection Control Manual
- D) CFR 1910.20 - OSHA Standards "Access To Employee Exposure and Medical Records"